



Cascade Health Alliance

2909 Daggett Ave. Suite 200, Klamath Falls, OR 97601

Phone: 541-883-2947 and Fax: 541-883-6104

<https://www.cascadehealthalliance.com>

AUTHORIZATION REQUEST – DME

THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

PAYMENT WILL BE BASED ON OHP BENEFITS IN EFFECT, TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

DME REQUESTS REQUIRE CURRENT PRESCRIPTION AND CHART NOTES

Date:		Individual Completing Form:	
Phone:		Fax:	
Patient Name:	Patient DOB:	Member ID #:	
Requesting Provider:		DMV Vendor: Cascade Health Alliance	
ICD- 10:		Prescription and Current Supporting Documentation Attached: Yes NO	

Equipment/Supply	Code	Quantity	Comments
Nebulizer	E0570		
Nebulizer Supply Kit (2 per month)	A7003		
Nebulizer Pediatric Mask Kit (2 per month)	A7015		
Aerochamber	A4627		Size Needed:
Peak Flow Meter	A4614		

ALL other DME requests should be submitted to the appropriate DME Vendor with current order, supporting clinical documentation and any additional forms or information that may be required for review. The DME Vendor will then submit an authorization request to CHA.

Provider Name (Please Print): _____

Signature: _____

Date: _____